

NCBD News

NCBD Update

Recruitment for Phase III of the NCBD has been a success!

- ◆ *Commercial:* To date, 23 commercial sponsors – including the U.S. Office of Personnel Management – representing over 300 health plans have agreed to participate.
- ◆ *Medicaid:* To date, 25 Medicaid sponsors representing over 100 health plans will also participate. Phase III of the NCBD will include Medicaid data from the following states: AZ, CA, CO, GA, HI, IA, MD, MI, NM, NV, NC, OH, OK, OR, PA, TX, VT and WA.
- ◆ *Medicare:* Medicare Managed Care CAHPS® will again participate in the NCBD contributing approximately 350 health plan submissions.

We are pleased to retain our continuing sponsors and to welcome our new ones. Any sponsor who is interested in participating but has not returned their Letter of Agreement should contact Emily Sullivan at ncbd1@westat.com.

NCBD Annual Report Available by Fall

The release of NCBD's first Annual Report has been moved to Fall 2000. The report will present a broad overview of CAHPS® results and will feature information on the composition of the database, response rates, results by sector, updates on research projects and a description of NCBD products. The Annual Report will be widely distributed to all NCBD participants, policy makers and others.

NCBD Data Submission

Data submission deadlines are rapidly approaching. *Commercial* data is due on or before **August 1, 2000** and *Medicaid* data is due on or before **September 1, 2000**. Our target date for producing reports for commercial sponsors is October 31, 2000. The target date for Medicaid sponsors is November 30, 2000. Our ability to meet these target dates will depend on the timeliness and accuracy of sponsor data submission.

Data specifications are available on the CAHPS® Survey Users Network web site at www.cahps-sun.org. Sponsors, vendors and plans can download the appropriate specifications for their survey population. Since NCBD staff modified the data specifications to ensure consistency with NCQA, plans that have already submitted to NCQA should simply submit their member-level survey files to NCBD. Plans that did not submit to NCQA should follow the NCBD data specifications on the web site. Sponsors should remember to submit health plan characteristics data and frequency tables of their survey data response files along with their survey data on or before the deadlines.

Please direct any questions regarding the data submission process to Emily Sullivan at 617/667-8614 or the NCBD mailbox at ncbd1@westat.com.

NCBD Welcomes Kathryn Coltin

We are pleased to announce that Kathryn Coltin, MPH, has joined the NCBD Team as NCBD Operations Director at the Picker Institute. Kathy comes to the NCBD project with a wealth of knowledge regarding both the Project and the

NCBD News

use of CAHPS® by health plans, state Medicaid agencies and Medicare. Kathy has served as a member of the NCBD Advisory Group, representing the interests and experience of health plans with collecting and using CAHPS® 2.0H data, and on the National CAHPS® Advisory Committee. She will be stepping down from her position on the NCBD Advisory Group to assume this new role with the NCBD Project. Kathy will be working part-time on the NCBD Project, while continuing as Director of External Quality and Data Initiatives for Harvard Pilgrim Health Care, also on a part-time basis. Kathy continues to represent Harvard Pilgrim on the HCFA Medicare CAHPS® Technical Expert Panel and on the NCQA's Committee on Performance Measurement, the committee that oversees the development of HEDIS. Kathy may be reached at the Picker Institute at 617/667-8613.

Research Highlights: Comparing Adult and Child CAHPS® Ratings

In this issue, we feature a study comparing adult and child CAHPS® ratings performed by Judy Sangl, Sc.D., Chunliu Zhan, M.D. Ph.D. and Sophia Kazakova, M.D. of AHRQ's Center for Quality Measurement and Improvement.

The researchers set out to determine whether adult ratings of health plans differed from adult ratings of care for their children and if so, whether those differences affected the plan's star ratings. To answer their questions, the researchers analyzed data from 142 commercial and 26 Medicaid plans that had both adult and child CAHPS® results. For each of the plans, they compared adult and child CAHPS results on global ratings and composites. Then, they compared the star ratings for adult and child for each plan.

Results

The results of the analysis suggest that the child and adult surveys provide different scores. For Medicaid, all of the (unadjusted) child ratings and composites were higher than the adult results. For commercial plans, child results were higher for all except specialist, customer service, and getting care without long waits.

Comparative results for the plans also suggest a measurable difference between adult and child results. The Kappa statistic showed only fair or poor agreement between adult and child health plan star ratings for both Medicaid and commercial plans.

The researchers found that better health status is strongly associated with higher ratings for both adults and children. When the researchers controlled for health status, the differences between adult and child results became smaller and for Medicaid, the child results became lower than the adult ratings.

Readers who are interested in more information on this study should contact Judy Sangl at jsangl@AHRQ.gov.

Sponsor Spotlight: The Alliance Using CAHPS® to Measure the Quality of Medical Groups

The Alliance is an employer-owned and directed cooperative in Madison, Wisconsin, that manages health care costs while working with providers to improve the quality of care. The Alliance's quality strategy is to create and sustain a consumer demand for quality. Producing and reporting consumer-friendly information which compares the quality of health care providers is central to this goal.

NCBD News

In 1998, the Alliance took part in a pilot project sponsored by QMAS to adapt the CAHPS® survey for use with physician groups. The adapted CAHPS® questionnaire was then used to assess consumer perceptions of the care provided by the 12 medical groups used most often by Alliance member employees. Representatives from the medical groups provided input to the project and received the results in advance of public dissemination.

"We have a long history of successful collaboration with medical groups... But this is different; we recognized that, to build a sustainable system to compare performance, we had to be prepared to move forward independent of the voluntary cooperation of providers," commented Cheryl DeMars, Director of Quality.

The Alliance administered the revised instrument via mail to a total of 6,000 Alliance member employees.

Survey Results

The Alliance achieved a 62% response rate for the survey resulting in an average of 285 responses per medical group. A \$1 incentive and other enhancements to the mailing resulted in the favorable response rate. The Alliance presented results for the following five aspects of medical group quality:

Doctor Communication and Care

- Doctor communication
- Doctor rating
- Health care rating

Clinic Service

- Getting care quickly
- Staff service

As benchmark data, the Alliance selected results from the highest scoring health plans in NCBD. Survey results are available on their quality reporting web site at www.qualitycounts.org.

Results for the individual questions that make up the CAHPS® composites are also available on the website.

The Alliance distributed survey results to all members to share with their employees. In addition, the Alliance partnered with local TV stations, AARP and public libraries to release the information to the general public. They encouraged consumers to use the report to select a new medical group or to check the performance of the group the consumer currently uses.

Next Steps

The Alliance plans to re-release the survey results in the Fall during open enrollment. In addition, Ms. DeMars plans to profile what medical groups are doing in response to the results. *"We want consumers to see that their perspectives matter and that speaking up will result in change. Promoting improvements undertaken as a result of the report reinforces this and gives providers some good PR as well."* The Alliance is also in the process of evaluating the distribution and impact of the report through surveys of member employers and their employees.

For more information on this project, please visit the web site referenced above or the Alliance web site at www.alliancehealthcoop.com.

Contacting NCBD

For questions about the NCBD, please contact us at NCBD1@westat.com.